

Respect for the uniqueness of each human voice as a central value

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Figure 1: Dr Birgitta Alakare 1950–2021, Founder of the Open Dialogue model of psychiatric treatment



After completing medical school, Birgitta Alakare (fig.1) thought she would specialise in geriatric medicine. When she arrived in 1982 at the psychiatric hospital of Kerouputas in Western Lapland, she could not have anticipated that her professional path would take a completely different direction. The 32-year-old doctor would specialise in psychiatry, become the chief psychiatrist in this region of Western Lapland and devote 37 years of her life to the development of innovative practices that would radically change the world of psychiatry.

In Kerouputas, the suffering and vulnerability of patients and families were very apparent. In the hospital, dozens of people stayed without hope, considered chronic, incurable, and receiving high doses of antipsychotic medication and other products for side effects. Hospital treatment and prescription of medication for several years did not seem to produce improvements. On the other hand, patients behaved differently and their general condition changed according to the links and relationships established with the staff. Human contact appears to be an important element to take into account.

The spirit of dedication of the staff captured the young doctor. Birgitta allowed herself to consult in confidence and to listen unconditionally to the members of the team. She sought them out and was inspired by their experience. She knew that the ultimate decision was hers by right, but this prerogative did not prevent her from giving full respect to the vision and opinions of others. This was the beginning of a shift to a new role for the psychiatrist and a new form of transparent working, without secrets or between team members or decision-making hierarchy.

The first feelings and experiences at Kerouputas took place in a context of openness supported by her superior, the psychiatrist Jyrki Keränen. In Finland, the applied research work directed by Dr Yrjö O. Alanen was also very prominent. They advocated the integration of patient approaches and resources into treatments. They sought to better respond in a more human and flexible way to the complexity of each situation.

Consequently, Birgitta Alakare dared to avoid a monolithic hierarchical position that might inhibit the expression and exchange of multiple points of view.

In 1982 the young doctor could not have anticipated that her professional attitude would lead to an enormous shift, holding hope of sustainable recovery for people in psychological difficulties. She transformed this structural power into a functional process of expertise belonging to all and to no one, in the dynamics of a collaborative group sharing responsibility and management of complex human events. Dr Alakare's attitude influenced the operability of the group of caregivers and families, contributing to an ethical new epistemological paradigm promising a better future in mental health.

The world would be a much better place if it had many more people like Birgitta Alakare. Thanks to her, for some people the world is already a better place. For others in pain and psychological difficulty, Birgitta Alakare's work holds the promise of a better future.

In collaboration with her teams, the inpatient and outpatient psychiatric institution in Western Lapland has been transformed. The region, which had one of the worst incidence rates of schizophrenia, has become an example to the world for its remarkable results, without equal today in the Western world.

We owe our greatest respect and admiration to Birgitta Alakare. Her work demands our adherence, we must pre-

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serve the paths she has opened and work for their emergence wherever mental suffering appears. She has brought

hope and the realisation of sustainable recovery where there was darkness, fear and resignation.